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SCIENCE AND MEDICINE*

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Wilmington, Del.

Science has given us almost invaluable information in regard to disease. It has analyzed the germ of disease, and shown us how to produce cure and prevention against other diseases. Science has created many newer forms of diagnosis and treatment of disease, too numerous to mention in this paper.

The battle against disease is comparable to real warfare: a fight between vast contending armies. The forces are the men, women, and children, on the one hand, and innumerable hosts of microbes on the other. As in true warfare, the victory comes to those who have the heaviest artillery and the ablest generals, so also in this war between humanity and disease. We must have large funds and the wisest leadership.

Ever since man achieved civilization, he has sought to be healthy. He practiced medicine before recorded history dawned. The story of man's long warfare against sickness and death, the various beliefs, inventions, and agencies which he has utilized, makes possible an illumination greatly to be desired in the present state in the development of science. However, only a few facts in this lengthy history may be observed.

The ancient Hindus excelled all other people of their time in surgery. The Persian, Cyrus the Great, boiled drinking water, when on his military campaigns. The Greeks gave the world Hippocrates, the father of medicine, who was the first to describe diseases definitely and accurately. They also gave us Galen, the founder of physiology.

In spite of all the progress man has made since the beginning, it was not until the opening of the 19th century that this knowledge of the human body made possible the prevention of any disease.

Pasteur was the first man to demonstrate beyond dispute the fact that all forms of microbial life have ancestors and numerous progeny, thereby dispelling the idea that they came into existence spontaneously. He said, "It is within the power of man to rid himself of every parasitic disease."

If this be true, and Pasteur rarely, if ever, made incorrect statements, then it is within the power of our scientists to completely eradicate disease.

It was said of Pasteur by the famous Dr. Osler: "He is the father of modern medicine: one of the three or four greatest characters in the modern world; the most perfect man who has entered into the Kingdom of Science."

And so down to our present day. We have in our ranks great scientists who are every day solving new problems in the cure of disease.

Medical science has not found any definite cure for some of the diseases of the human body, such as cancer and tuberculosis, but these men are working every day of their lives, both in this country and others, to find a cure for these diseases, and the day will come, no doubt, when cancer and tuberculosis will no longer be a menace, but will be controlled as typhoid fever, diphtheria, malaria, and various other diseases which were so prevalent in the past.

Great progress has been made within the last two years in regard to cancer, and if we can find the methods of prevention, we will then be able to effect a cure. This is the goal toward which our laboratories and clinics are striving.

In Science News Letter for December 27, 1930, achievements made by scientists for that year are shown.

A hormone, from the cortex of the suprarenal gland, was isolated by Drs. W. W. Swingle, and J. H. Pfiffner, of Princeton University, and was used by Drs. Leonard G. Rowntree and C. H. Greene, of the Mayo Clinic, to treat the hopeless victims of Addison's disease, in the same way that insulin affects the coma of diabetes.

The filterable virus germ which causes multiple sclerosis, or creeping paralysis, was discovered with the aid of a special ultramicroscope at a magnification of 1,800 diameters by Sir James Purves Stewart and Kathleen Chevassut, of the Westminster Hospital, London.

* Presidential address delivered before the Medical Society of Delaware, Wilmington, October 13, 1931.

An artificial lung, or respirator, was invented by Drs. Philip Drinker and L. A. Shaw, to keep alive patients whose breathing muscles are paralyzed in infantile paralysis, or who are victims of gas poisoning.

A new method of studying the microscopic growth of living tissue in warm-blooded animals was developed at the University of Pennsylvania School of Medicine.

An enzyme, which has both protective and curative action on type three pneumonia in mice, and possibly also in man, was extracted from a bacillus found in the soil of the New Jersey cranberry bogs.

Experiments proving that the common cold is caused by a filterable virus were reported by two groups of investigators. And, it is hoped that medical science may soon be able to develop a serum that will prevent or cure the common cold, as it causes a large loss of time and money, especially affecting business and industry.

A phenol compound, tri-ortho-cresyl phosphate, was found by the U. S. Public Health Service, to be the adulterant which caused thousands of cases of partial paralysis from drinking bootleg jamaica ginger, known as "Ginger Jake."

The time required for blood to clot is shortened by feeding the patient Vitamin D, vitally important in surgical operation.

And each year shows more advancement in medical science than ever before, for the alleviation and cure of disease.

Science has enabled man to accomplish many things today. One of the foremost achievements is chemistry. In Ohio, one of the greatest airships in the world has been built. It was science which made it possible to float in the air. Science gave us the helium gas to carry this airship. Franklin, an English scientist, found helium in the sun, then it was located in the earth.

The airplane has become of very great medical service, such as carrying diphtheria toxin-antitoxin to Nome, Alaska, and also being used as an ambulance to transport sick people from one point to another.

Dr. Frank A. Brewster, Holdrege, Nebraska, is credited with being the first physician in the world to buy and operate an airplane for use in making professional calls.

The science of medicine today requires more careful research than ever before. Hospitals, sanitoriums, and industrial plants are equipping themselves with up-to-date instruments and machinery for the diagnosis and treatment of diseases.

Lord Berkeley Moynihan once said, "We are now entering upon a new era." The future of surgery will seek also to deal with the disorders of functions in organs and will base itself upon a knowledge of physiology, the science of normal function.

In recent advances, the surgeon has had to rely chiefly upon himself. In the future, he must travel in company with many others. The physiologist must henceforth be the surgeon's closest ally, wise guide, and counsellor.

Surgery has recently taken radium into partnership, and knowledge of what radium can do has slowly but steadily increased. It is now possible to compare the results obtained with radium alone, and those of surgery alone, and with the two in combination, to indicate to some extent the province of each, and to estimate the great progress that has been made.

State medicine is rapidly coming upon us, and if it does it will be outside influences that will bring it about.

Group medicine is among us today, and clinics are being set up everywhere to treat all diseases at no cost to the patient. The problem of the cost of medical care of patients is another factor which we will have to find a way of solving.

We are met here today to acquire knowledge and also to disseminate it. We must improve our dissemination of medical knowledge. Outside influences, civic organizations, and philanthropists are conducting campaigns for the control of disease, in which the medical profession is the last to be considered, although they know it is the physician who is the one that will be called upon to render the service. It took a lay organization to set up the machinery for a contraceptive clinic, and to put a physician in charge to give advice to women on when and how to have children, and when not to have them. Has not the family physician advised his patient about childbearing in tuberculosis, syphilis and gonorrhea? Is this clinic serving any other purpose than the above mentioned?

I see more each day the need of an active committee of the state society to take up these matters that pertain to the medical profession.

Medicine should develop its public policy in order to give every organization and every com-

munity a chance to co-operate with the physicians in all matters of public health service, and in all the problems under the general subject of medical care for all classes.

There is a great deal going on over the state to indicate that the profession of medicine is the only profession going out of its way to meet the public criticism. The public is criticizing other professions who have done nothing of account to meet the public expectations. If those who say things against the profession of medicine or the service that it renders would use the same effort to help to adjust the present-day social problems, before rushing into print, or would give the medical profession credit for the substantial contribution that it daily makes to the solution of these social problems, far greater results would be obtained than by calling attention to its shortcomings, which are also very common in all other fields of human effort and in other professions.

Scientific research today is giving us better knowledge to combat, prevent, and cure many diseases. The science of surgery, radium, and high voltage xray therapy is postponing the death of cancer patients longer than ever before, and where these agencies are employed, they are adding comfort and less pain to human life.

I see greater need for our state and county medical societies today to go into, and take deeper interest in, the medical knowledge of the public, than ever before. There should be greater co-operation with civic and other organizations whose purpose is true and whose efforts are sincere in carrying out any programme or campaign for the improvement or betterment of our public health, rather than fight, criticize or destroy any good that may come from them.

Medical research today would be far behind in solving the newer problems of prevention and cure of disease and alleviating the pain, misery, and distress, if it were not for the financial and moral support of certain organizations and foundations, and philanthropists, who have given freely to aid in this great cause.

In my visits this year to the county medical societies of the state, I saw better scientific programs. In each of the societies there was a better attendance, and a more earnest attempt to grasp scientific knowledge from the leaders of the profession in their different specialties. The men on these programs have come great distances, especially in the down-state societies, to impart to the members the latest in scientific research and medical knowledge.

The radio broadcast of medical subjects has been used more this past year than ever before to enlighten the public on their health problems. Only last week, in the campaign of prevention of diphtheria, there were numerous talks given by the physicians, both by radio and before service clubs, and other organizations, to disseminate knowledge about the prevention of this disease.

Greater interest is being manifested, and committees have been doing greater work about the social problems of the public welfare. With the unemployment situation as it is, dispensaries and clinics are overcrowded, and more hours have been required to treat the diseases of these unfortunates.

The wise Disraeli said: "Public health is the foundation on which reposes the happiness of the people and the power of a country. The care of public health is the first duty of a statesman."

I would like to close by quoting U. S. Senator Joseph E. Ransdell: "Let me add that good health is the most precious of earthly blessings. Nothing can take its place. With it one can enjoy life amid great hardships; without it vast wealth cannot bring happiness. To attain this invaluable blessing we should strive so earnestly that when our earthly careers are about to close, each and every one can say, in the language of Pasteur, 'I have done what I could.'"

Pertussis: Its Early Diagnosis and Rectal Ether Treatment

W. AMBROSE MCGEE, Richmond, Va. (*Journal A. M. A.*, Sept. 26, 1931), considers white and differential blood counts and isolation of the Bordet-Gengou bacillus as two reliable aids in arriving at an early diagnosis of pertussis. The latter method furnishes a means of enforcing a scientific quarantine and is a means of reducing the incidence of the disease. While rectal ether is not considered a specific for pertussis and while it may add little to the armamentarium for that disease, its simplicity and its effectiveness from the standpoint of symptomatic relief justify its use until a better form of treatment is found and proved superior.

CLINICAL RESULTS OF RADIUM THERAPY IN THE WILMINGTON GENERAL HOSPITAL*

IRA BURNS, M. D., Wilmington, Del.

Radium has been in use by the essayist at the Wilmington General Hospital somewhat over two years, and it would be very presumptuous to present the following in anything other than an attempt to briefly recite the clinical results we have so far realized. No conservative radiologist would report treatment results of malignant tumors as cures, but rather as clinically well or clinically improved. These, therefore, are the modest terms in which I wish you to review this work.

The cases which have come for treatment have been fairly varied, but, of course, carcinoma of the cervix heads the list of the number treated.

Rational therapy depends on the proper correlation of dose and effect for any agent which may be employed. This requires, in the first place, an accurate knowledge of the dose. In drug therapy it is necessary to specify the kind of drug used, the amount, and the mode of administration. Similarly in radiation therapy the same factors must be specified, but the problem is more complex. In the case of radium, with which we are chiefly concerned here, there are three very distinct types of rays, and there are differences with each type. Practical requirements, however, are fully met by specifying the filtration.

Radium may be applied on the surface of the lesion, at a distance, or within a tumor mass, and in various other ways. During the exposure the radium has emitted a definite amount of radiant energy. Filtration is ordinarily done by inclosing the radium within a suitable metallic container; only the radiation which comes out of the container is of interest, and this in general is a small fraction of the total amount of energy emitted by the radium.

Whether the tumor can be influenced favorably by the amount of radiation which the intervening tissues allow to pass will depend, among other things, on the relative susceptibility of the pathological and normal tissues, for the amount of radiation which can be administered to the normal tissue is limited by the danger of injury to these tissues, and the amount which reaches the tumor is always a fraction of this amount.

Ewing states that he is convinced that the clinical results are not usually due to the direct killing effect of radiation, but are generally brought about indirectly. It seems probable that slow autolysis and growth restraint, aided by the natural defense reaction of the body, combine to bring about gradual regression and eventual disappearance of the tumor. During the past summer, at the Mayo Clinic, it was my good fortune to observe intimately the radium therapy of Dr. Bowing and he expressed to me virtually the same opinion as that expressed by Ewing.

At the Wilmington General Hospital I am fortunate in having the enthusiastic support and hearty co-operation of the staff members, and if it were not for this support a radiologist's efforts would be futile in any institution. The following cases have been treated by us. We have used the radium either alone or in conjunction with electro-thermic surgery and xray.

Eight cases of carcinoma of the cervix, four cases of carcinoma of the body of the uterus. Many of these, of course, had the entire uterus involved. Five cases of myofibroma with hemorrhage. One case of carcinoma of the vulva. Two cases of inoperable carcinoma of the mouth. One case of inoperable neoplasm of the dura. One case of endothelioma of the orbit. One case of neuro-myxo-fibroma of the neck. One case of post-operative carcinoma of the breast. Two cases of inoperable carcinoma of the urinary bladder. Two cases of inoperable annular carcinoma of the rectum. One squamous celled epithelioma of lower lip. Total, 29 cases.

Time does not permit a description of treatment, even of one of these pathological conditions, in detail, but on account of the frequency with which carcinoma of the cervix and body of the uterus is encountered I shall give, in a very general way, our usual methods of treatment.

Carcinoma of the cervix is observed in either of three clinical types: ulcerative, papillary, and interstitial. All varieties become ulcerative in the late stages. Of our cases, the papillary and ulcerative types have been, by far, the most frequently encountered.

At present there are three chief methods generally considered for the treatment of cervical cancer, namely: operation, operation and ra-

* Read before the Medical Society of Delaware, Wilmington, October 13, 1931.

dium, and radium alone or in conjunction with the xray.

With a better understanding of the physics of radium and with improved methods of treatment, surgical operations have been replaced by radiation in every stage of carcinoma of the cervix. Healy, of the Memorial Hospital, states that in the final analysis it would seem that the skilled surgeon, qualified by special training and experience, may attain in the operable cases as many cures as the skilled radiation therapist, but the surgeon will always have to combat a primary mortality much higher than that of radiation therapy, and also a greater morbidity.

The anatomical location of the cervix, its accessibility, and the presence of the cervical canal, permitting attack from within as well as without, and the fact that the cervix has no vital function to perform—all tend to create a situation favorable for study and treatment of the disease.

Hyman, of Stockholm, concludes after a study of 3184 cases of cancer of the cervix radiologically treated in different clinics throughout the world that primary healing obtained by radiation therapy is just as permanent as surgical healing. However, leading surgical statistics indicate that by either method of treatment, eighty per cent of all cases seen will fail to survive five years.

Radiation technique in the treatment of cancer of the cervix has made rapid strides and is no longer a hit-or-miss affair. The dose to be obtained in different parts of the lesion and the pelvis can be determined with reasonable accuracy, and the minimum amount of radiation necessary to take care of the lesion is fairly well known.

Carcinoma of the body of the uterus, from the study of results obtained in the best clinics, is probably best treated by a combination of surgery and radiation. Burnham, of the Howard A. Kelly Hospital, outlines a procedure which is about as has been followed at the Wilmington General Hospital. Intrauterine radiation is usually given under nitrous oxide anaesthesia, and with the usual antiseptic precautions for intrauterine handling. The patient is kept in the hospital for two or three days after radiation. The discharge usually ceases within five or six weeks. Some of the larger uteri decrease as markedly as do fibroid uteri after radiation. After from six to ten weeks the patient is brought back and if cancer is still present either a hysterectomy or a repetition of the treatment is carried out. The former method is preferable unless the general condition contraindicates any operative procedure.

L. S. Age 60. Papillary carcinoma of the cervix. General local and definite clinical improvement, with marked gain in weight.

O. H. Age 61 years. Carcinoma of cervix. Her physician reports her in very good clinical condition at a recent examination.

H. M. 50. Advanced carcinoma of the cervix and body. Died about three months after radiation, obviously with no perceptible retardation of the process.

M. H. 52. Carcinoma of the cervix. Eighteen months after radiation, local improvement, but with later abdominal extension. She had concealed her abdominal pain until her physician, considering another lesion, opened her abdomen to find metastases to the abdominal organs.

J. B. 55. Advanced carcinoma cervix and body. No apparent improvement.

M. E. 51. Pathologist reported epithelioma of the cervix and body before radiation. Approximately eight weeks after radiation a hysterectomy was done and the pathologist was unable to find active evidence of it in any portion of the organ.

Many pelvic and a few general conditions may produce pathological hemorrhage. In the so-called myopathic hemorrhage radiation is practically specific. In all young women minimum doses should be employed. This is preferable to the production of a permanent irradiation amenorrhea with its accompanying menopausal symptoms and sterility. Twenty-four hundred milligram hours of irradiation will practically always bring about sterility in two to three months.

H. G. Age 22. Marked hemorrhage. She had advanced tuberculosis of the lungs, and it was believed sterility would help her general condition.

M. L. 25. Hemorrhage for about two years. Radiation checked her hemorrhage, and marked clinical improvement followed.

W. H. 51. Myofibroma with free hemorrhage; definite clinical improvement with cessation of hemorrhage. This case had tenesmus for four weeks, due, we believe, to insufficiently packing the cervix during radiation. General clinical improvement.

M. P. 56. Carcinoma body. Definite clinical improvement.

G. G. 60. Marked uterine hemorrhage. Completely checked. Hemorrhage usually ceases six to eight weeks after radiation.

M. L. 72. Had been treated for four years by the writer with electrocoagulation for vegetating carcinoma of the cervix, with local improvement. However, I believed recently the body to be involved and applied one hundred milligrams to the cervix and body. Approximately four months after radiation she died from uterine carcinoma with profuse hemorrhage.

Of our gynecological cases two were unimproved. One, local improvement with abdominal extension. Eight, local and general clinical improvement or clinically well.

Carcinoma of the mouth is one of the difficult and discouraging malignancies to treat. No adequate technique has been developed to efficiently cope with inoperable advanced cancer. Hard gamma radiation inside and outside the mouth, combined with xradiation externally have been given by us, by using special applicators devised by Dr. Widman and Mr. Weatherwax, of the Philadelphia General Hospital. This method is practiced by Widman, who thinks that hard gamma radiation shows results clinically not comparable with any other technique. Pfahler has also described good results from a wide experience with this quality of heavy filtration.

One case of huge hemangio-endothelioma of the dura was apparently unaffected by radiation, and has continued to develop a great mass despite every treatment.

In primary operable cases of carcinoma of the breast, Schreiner states that those treated by radical operation and radiation yield the largest percentage of clinically well five-year cases.

Two cases of inoperable carcinoma of the rectum were clinically improved with the pain relieved, and one was made so comfortable that she asked that the application be repeated. The other case living when last heard from was fairly comfortable.

Endothelioma of the orbit, referred to us from a hospital in another city, was made definitely more comfortable. Xrays made at the beginning of treatment and those made three months after treatment show no apparent extension of the process.

This, very imperfectly, gives a brief summary of our immediate clinical results, and we are convinced that in nearly all types of malignancy at least some palliation will be realized, and to many much clinical improvement, and a fair percentage are made clinically well by properly directed radiation. Radium radiation has proved superior to the quality of roentgen radiation at present.

REFERENCES

Lee, Burton J., and Cornell, Nelson W.: Report of Eighty-seven Primary Operable Cases of Carcinoma of the Breast. Trans. Amer. Surg. Ass'n, 1930.

Schreiner, Bernard J.: Results of Treatment of Cancer of the Breast. Internat. Contrib. to the Study of Cancer. p. 276. J. B. Lippincott Co., Philadelphia, 1931.

Coutard, Henri: Roentgen Therapy of Epitheliomas of the Tonsillar Region. Read before the Amer. Roent. Ray Soc., Atlantic City, 1931.

Bevan, Ellis: Development of Technique and Results of Treatment of Tumors of the Oral and Nasal Cavities. Read before the Amer. Roent. Ray Soc., Atlantic City, 1931.

Widman, B. J.: Radium and Roentgen-Ray Treatment of Cancer of the Mouth. Jour. Roent. and Radium Ther., 26:14 (July) 1931.

Pfahler, G. H.: Pure Gamma Radiation in the Treatment of Carcinoma of the Bucal Cavity. Internat. Confer. on Cancer, London, July 16, 1928.

Adair, Frank E.: Internat. Contrib. to the Study of Cancer. J. B. Lippincott Co., Philadelphia, 1931.

Clark, John G., and Norris, Chas. C.: Radium in Gynecology. J. B. Lippincott Co., Philadelphia, 1927.

Kaplan, Ira I.: Practical Radiation Therapy. W. B. Saunders Co., Philadelphia, 1931.

Function of Round Window

Walter Hughson and S. J. Crowe, Baltimore (*Journal A. M. A.*, June 13, 1931), describe experiments in which pressure applied on the round window membrane of the anesthetized cat increased the clarity and volume of the spoken voice and practically all pure tones between 512 and 4,096. This phenomenon occurs equally well in normal and in pathologic ears. The secondary tympanic membrane apparently acts as a safety valve to protect the structures of the inner ear and, owing to its mobility, absorbs a large percentage of the sound impulses that reach the cochlea.

MEDICAL SOCIETY OF DELAWARE

ABSTRACT OF THE PROCEEDINGS OF THE HOUSE OF DELEGATES

TUESDAY MORNING, OCTOBER 13, 1931

The House of Delegates of the Medical Society of Delaware convened in the Hotel Du Pont, Wilmington, at ten-twenty o'clock, Dr. George C. McElfatrick, of Wilmington, President of the Society, presiding.

The Roll Call was responded to as follows: President, George C. McElfatrick, Wilmington; Secretary, W. O. LaMotte, Wilmington; Councilors, Joseph Bringhurst, Felton; J. W. Bastian, Wilmington; Delegates, Kent County, Joseph

McDaniel, C. J. Prickett; New Castle County, W. Edwin Bird, Lewis Booker, I. L. Chipman, Walter W. Ellis, G. W. K. Forrest, Dorsey W. Lewis, L. S. Parsons, H. L. Springer, P. W. Tomlinson, J. P. Wales; Sussex County, K. J. Hocker, Bruce Barnes, E. L. Stambaugh.

It was moved by Dr. Bird, seconded, and carried, to dispense with the reading of the minutes.

President McElfatrick appointed as the Nominating Committee: Dr. Forrest, Dr. Bringhurst, Dr. Ernest Smith.

Reports of Officers

President McElfatrick read his Report.

Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, gave a talk particularly in reference to the attitude of the medical profession with respect to veterans' hospitals.

Secretary LaMotte read his report and it was moved by Dr. Forrest that it be accepted. The motion was seconded and was carried.

Dr. Rumford read the report of the treasurer, which was referred to the Finance Committee for auditing, the committee consisting of the Councilors, Drs. Bringhurst, Hocker, and Bastian.

Drs. Bringhurst and Bastian presented the report of the councilors.

Reports of Standing Committees

Secretary LaMotte read the report of the Committee on Scientific Work. Dr. Dorsey Lewis moved acceptance of the report; seconded, carried.

Secretary LaMotte read the report of the Committee on Public Policy and Legislation, Dr. Washburn, Chairman. Dr. Rumford moved acceptance of the report; seconded, carried.

The report of the Committee on Publications, Dr. Bird, Chairman, was read by the Secretary. It was voted to accept the report. The report of the Business Manager, Dr. Tarumianz, was made by Dr. Tarumianz. It was voted to accept his report.

Dr. Springer presented the report of the Committee on Medical Education. It was voted to accept the report.

Dr. Tarumianz read the joint report of the Committee on Hospitals and the Committee on Hospital Survey. Dr. Tomlinson moved to accept the report. Dr. Forrest moved to amend the motion to accept, to discharge the Committee on Hospital Survey and instruct the Committee on Hospitals to function in the same manner as the Committee on Hospital Survey and make the same report. The amendment was seconded and was carried, and the motion to accept, as amended, was carried.

Dr. Tomlinson read the report of the Committee on Necrology. The House voted to accept the report, and the members arose and observed a moment of silence.

Reports of Special Committees

Secretary LaMotte read the report of the Woman's Auxiliary. It was voted to accept the report.

Dr. Davies read the report of the Committee on Health Problems in Education. Dr. Davis moved to accept the report, and discharge the committee. The motion was seconded and was carried.

Dr. Chipman read the report of the Committee on Syphilis, recommending the discontinuance of the committee. Dr. Forrest moved acceptance of the report without the recommendation. The motion was seconded and was carried.

Dr. Springer, Chairman, reported for the Committee on Cancer. It was voted to accept the report.

For the Committee on Library Dr. Forrest reported progress.

Dr. Tomlinson made the report of the delegate to the American Medical Association. It was voted to accept the report.

Dr. Springer explained that the report on the Federation of State Medical Boards was included in the report on Medical Education.

Dr. Bringhurst reported as the delegate to the Delaware Pharmaceutical Society.

Dr. Forrest presented the report of the Nominating Committee, as follows:

First Vice-President, C. J. Prickett, Smyrna; Second Vice-President, R. Raymond Tybout, Wilmington; Secretary, Wm. O. LaMotte, Wilmington; Treasurer, S. C. Rumford, Wilmington; Councilor (Dr. Bastian goes out having filled the unexpired term of Dr. McElfatrick), Lewis Booker, New Castle; Delegate to A. M. A., W. E. Bird, Wilmington, (1 year unexpired term); Alternate, P. W. Tomlinson, Wilmington. Committee on Scientific Work: W. O. LaMotte, Wilmington; Chas. Wagner, Wilmington; J. Roscoe Elliott, Laurel. Committee on Public

Policy and Legislation: Chas. P. White, Wilmington; John H. Mullin, Wilmington; W. T. Chipman, Harrington. Committee on Publication: W. E. Bird, Wilmington; M. A. Tarumianz, Farnhurst; W. O. LaMotte, Wilmington. Committee on Medical Education: H. L. Springer, Wilmington; Joseph S. McDaniel, Dover; Jos. B. Waples, Georgetown. Committee on Hospitals: M. A. Tarumianz, Farnhurst; O. V. James, Milford; Henry Wilson, Dover. Committee on Necrology: W. P. Orr, Lewes; Willard E. Smith, Wilmington; L. S. Conwell, Camden. Names to be submitted to the Governor for his selection of two as members of the Medical Examining Board: Olin S. Allen, T. H. Davies, H. L. Springer, Jos. S. McDaniel, Wm. Marshall, Jr., L. S. Parsons, Joseph W. Bastian, Richard Beebe, O. V. James, John H. Mullin.

It was recommended by the chairman of the Nominating Committee that the appointment of delegates and alternates to other state society meetings and pharmaceutical association meetings be discontinued.

Dr. Wales moved the acceptance of the report of the Nominating Committee as read. The motion was seconded and carried.

NEW BUSINESS

Dr. Bastian moved to amend the By-Laws, asking for changes in Article VI of By-Laws, Sections 3 and 4, and also Section 7, as to naming President, Vice-President, Secretary, Treasurer, and Councilors in Sections 3 and 4, and Section 7 with respect to election of officers (excepting the President) to be the first order of the House of Delegates after the reading of the minutes. Dr. Bastian suggested that these be modified to better suit the size of the Society. On suggestion of Secretary LaMotte, Dr. Bastian agreed to present this matter in written form at the next Annual Meeting of the House of Delegates.

Under Resolutions Dr. H. L. Springer moved that the President appoint a carefully selected committee to act with the State Board, Medical Council, and Committee on Public Policy and Legislation to look into and study carefully the question of changing the Medical Practice Act, either by amendment or making an entirely new act, and that this committee report at the next meeting of the Society. The motion was put to a vote and was carried.

Secretary LaMotte read a letter from Dr. William C. Woodward, Director of the Bureau of Legal Medicine and Legislation of the American Medical Association, regarding a report of the Committee on Medico-legal Problems of the A. M. A., with reference to the establishment of criminologic institutes in the various states. Following an explanation of this matter by Dr. Fishbein, Dr. Bird moved the appointment of a committee of three to investigate the matter. The motion was seconded and carried.

COMMUNICATIONS

It was moved by Dr. Forrest that a letter from the Association for the Protection of Constitutional Rights be laid on the table. The motion was seconded and carried.

Secretary LaMotte read a letter from Mrs. John B. (Caroline R.) Deaver expressing appreciation of flowers sent Dr. Deaver.

Secretary LaMotte expressed greetings to the Society from Dr. Tom Williams, of Miami, Fla.

Dr. Forrest moved that the communications be received and filed. The motion was seconded and carried.

On motion of Dr. Tomlinson a rising vote of thanks was tendered Dr. Fishbein for his address.

Dr. Bastian reported for the Finance Committee that the books of the treasurer had been examined and were found to be correct. It was voted to accept the report.

Dr. Bird moved approval of the Scientific Program. The motion was seconded and carried.

Dr. Forrest moved that the expenses be approved and paid, to include the bill for flowers for Dr. Deaver. The motion was seconded and carried.

SELECTION OF NEXT MEETING PLACE

On behalf of Sussex County Dr. Hocker invited the Society to meet at Rehoboth. It was voted to accept the invitation and the date was set as the last Tuesday in September, 1932. (Subject to change)

MISCELLANEOUS

Upon motion of Dr. Forrest, it was voted to extend thanks to Mr. Gibbs, manager of the Hotel Du Pont, for courtesies and kindness to the Society during the meeting, and also to the press of Wilmington for the publicity preceding and during the meeting.

Dr. Tomlinson moved to send a message of sympathy to Dr. Mayerberg, who was sick. The motion was seconded and carried.

The meeting adjourned at one-twenty o'clock.

EDITORIAL

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The Night Nurse

Under the above alluring title our artistic and altruistic educators in Hollywood are dishing up to the great American public a talking movie that takes the cake when it comes to giving the public a false impression of doctors, nurses, and hospitals.

In the early scenes the nurse-to-be, after being turned down as an applicant by the directress of nurses, is promptly admitted to training when the "great surgeon" of the hospital casually asks if there is room for the new applicant. This kind of flub-dub actually takes place in some hospitals, but the number is so few that such a circumstance should not be presented to the public as an average or typical one.

Then there is a scene in the dispensary, at night, when the inevitable gangster (oh, Lord in Heaven, spare us from gangster pictures for the next thirty years!) appears with a bullet in his arm, which Miss Nursie *treats herself*, and then purposely *fails to make a record* of it, so as to shake the police off his trail. Out of the movies, this would mean instant dismissal.

Various short "shots" are interspersed that show a spirit of levity among the nurses and a spirit of laxity among the internes that does injustice to both. But would you expect Hollywood to really mirror life as it is?

Then the doctors—the good one and the bad one. This latter is portrayed as starving two little children almost to death for the sake of profiting from a certain trust fund. Imagine such a creature out of jail! Yet the portrayal leads the thoughtless to believe that such things might actually happen.

The good doctor is a surgeon who in the end turns pediatrician, an almost unheard-of combination of specialties, and one that does this age of specialism scant credit. This good doctor, when told of the starvation regime applied to her tiny patients, tells the tender-hearted nurse that he cannot interfere because of the "ethics of the profession." There's a fertile field for the movies—medical ethics! What wonderful and moving movies could be written around medical ethics, especially when handled as understandingly as it is in this picture. The pity of it is that the public, which understands our code so little, is given the impression that ethics is some mysterious contraption invented to protect the crooked (an existent but rare) doctor, or else to make it difficult for the patient to get the doctor he really wants. If and when Hollywood ever gets a movie director with real brains, we confidently expect to see medical ethics explained, exemplified, and emblazoned before the public, and that would be a real service to the public, and to us.

The final spasm of misrepresentation comes when the night nurse bawls out the bad doctor. "Why aren't you a member of the County Medical Society? Why aren't you on the staff of the hospital? Why, etc., etc." Great stuff for the movies, but in real life the nurse doesn't bawl out the doctor!

We will say, however, that the hospital scenes were "shot" in a beautiful hospital, with the latest ideas of construction and the finest of equipment, evidently the brand new Los Angeles Coun-

ty General Hospital, which cost $16,000,000 ($4,000,000 of it alleged to be graft) to build, and which has a special ward where the osteopaths treat their own patients. Yes, this picture has hospital scenery all right.

But the lesson is, after all, don't believe all you hear—in the movies. It would be hard indeed to pack into one movie more actual misrepresentation and false impressions about any profession than is found in this one. Even if the average movie director thinks the average movie fan has the intelligence of a moron, he does not necessarily have to cram his "bloomin' fillum" with crudities and falsities; he might, once in a while, produce a picture that portrays life as it really is. And when they are *all* made like that the millenium will be here, and there will be no more need for the good doctor, the bad doctor, or the night nurse.

WHY NOT A LEGAL CLINIC?

Great as is the need for organized clinics to care for the worthy and indigent poor, medically, there are occasions when, it seems to us, a legal clinic might render "the submerged tenth" (or is it now a fifth?) an even greater service than a medical clinic. A few of our larger cities actually have a Legal Aid Bureau or some similar place where the poor, especially if they be downtrodden or threatened, can receive gratuitous legal advice, and at times gratuitous legal services. The need for this kind of help is especially noticeable in cases of eviction from homes, and in repossession of articles bought on the partial payment plan.

The following quotation from the *Wilmington Sunday Star,* of October 4, tells its own story:

> As one phase of a number of questionable practices said to be growing up in the automobile credit payment and used car selling business here, that is not only getting official notice but is causing untold annoyance to legitimate automobile and credit companies and to the buyers who are affected by the deals, evidence is accumulating to show the responsibility of a representative of at least one of the companies.
>
> In two different cases within the present month charges have been brought against William W. Bartow, 33, who is connected with the Pippin-Durant Company, of 914 Orange Street. In addition to these cases another one, in which no charge has been acted on, but in which the owner of a car repossessed by that company claims to have been wronged, has come to light.
>
> This former owner is Mrs. John P. Dugan, of 603 Deemer Street, New Castle. Including an allowance of $250 for a Ford car turned in, Mrs. Dugan claims she paid $500 for a Ford car purchased through this company which was financed through the Fidelity Discount Company. She had reduced her payments to $184, she declares, and had gotten back one month's payment and $10 additionally when, while she was visiting her sister at Seventh and Washington Streets, a representative of the company took the car away. She says that on the first of July the company had accepted a payment of $20 from her and had given her until July 5 to pay the balance of $15.
>
> The day before that time was up, on July 4, she declares, the car was taken from where she had parked it at Seventh and Washington Streets and in it at the time she had $15, she claims, with which to pay the balance. She says that the $15 was not returned to her and that she complained to the Attorney General's office, but was informed there was not sufficient evidence to convict and that she could institute civil suit against the company to secure redress, if she desired. Her inability to pay the monthly installment, she says, was due to an operation which she underwent about that time. Mrs. Dugan declared she had been informed that the Pippin-Durant Company had received an offer of $350 for the car which the company repossessed from her, which included $70 financing charges, but that officials of the State Automobile Titling Department had given her an opportunity to reclaim the car by paying the entire $184. However, she says, that she will be unable to raise this money and may have to let the car go.
>
> Mrs. Dugan feels that she has been dealt with very unjustly but says that, having no money available to bring action, she is unable to do anything but suffer the consequences.

The article further states that the aforesaid William Bartow has been arrested twice on charges of forgery in connection with repossession titles, which only goes to show how bold and brazen this type of gentry has become. If the poor people who cannot afford to secure competent legal assistance, and thereby forfeit all they have paid on their purchase, do not need a legal clinic then these same people do not need a medical clinic.

As we see it, the time has already come when it is up to the legal profession to demonstrate their vaunted civic consciousness, and to organize a suitable and efficient legal clinic.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely *free* to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages, but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve *you.*

The epidemic of infantile paralysis is fortunately on the wane. Delaware seems to have been

most fortunate in that only two or three cases occurred here. In the State of New York the total is approximately 3,000 cases, which, while bad enough, is much less than the epidemic of 1916, when there were approximately 10,000 cases.

The space devoted to "Medicine" in *Time* is frequently well worth the doctor's time, as well as the layman's. They gave a splendid review of cancer some time ago, and recently have published much sound information concerning poliomyelitis.

The old frigate Constitution was in Wilmington on Constitution Day, September 17, when Delawareans turned out to inspect this grand old ship in such masses that thousands failed to get aboard. The captain's name was Gulliver, and this new edition of Gulliver's Travels bids fair to be the most popular edition of all.

DELAWARE PHARMACEUTICAL SOCIETY

We Do Not Substitute—or Do We?

In summing up the character of Brutus, it was said that "the elements were so mixed in him that all the world might stand up and say 'this is a man.'" Of the druggist it may be conceded that the elements in his personality are mixed, but it can hardly be asserted that the results are uniformly those ascribed to Brutus.

Students in prescription practice are repeatedly reminded that at the prescription desk, knowledge and educational equipment are subject to instant and constant requisition and more than all is moral character put to the test, for where so much as at the desk do such subtle suggestions of profits based on illicit practices with apparent immunity to consequences come with such specious appeal? Of all the delinquencies to which the druggist is subject, that of substitution is the one toward which attention is most generally directed. The grossest form—that of deliberately and knowingly supplying a different article than the one the customer supposes he is receiving and paying for, need not be discussed. One practicing this form of substitution is not the victim of any delusion—the distinguishing elements of his acts he holds in common with the pickpocket—his character is not sensitive to moral appeal—a jail sentence solely in the interest of public health is the most fitting solution.

A second and more insidious form of substitution is that resulting from buying outside the regular and legitimate channels of trade—a practice often done in good faith and from economic necessity. In his efforts to buy right, the pharmacist errs in ignoring the fact that a bootlegger is without honor and an outlaw and whether he be a wholesaler, reselling allegedly genuine goods at a sacrifice in order fraudulently to swell his volume of business so as to satisfy the requirements necessary to cover his liquor output, or whether he be an individual engaged in smuggling or distributing spurious goods, his ideals have no higher stimulus than to get the money. Whether the merchandise be bought for home consumption or resale, the hazard is the same except that in the latter event it is borne by the customer without his consent or benefit. The foundation of a pharmacist's business rests upon the confidence of his client, and the positive hazard to the latter involved in buying outside of regular channels will not be incurred by any one with either a conscience or sound business sense.

A third and even more insidious form of substitution is that of substituting a chemical or pharmaceutical, alleged equivalent of a proprietary article, a piratical practice in which, strange to say, responsible manufacturers are often particeps criminis. Justification for this practice is taken on three grounds, first, that the substitute is identical; second, if identical its use is permissible, and third, the pharmacist has no obligation beyond that to his client.

The first presumption fails because the evidence is seldom sufficient to establish identity; it is such evidence as is accepted when, without injury to one's self, it supports the conclusion desired.

The second ground of justification can best be considered by comparison with a parallel case. Suppose manufacturer "X" discovers a valuable use to which a substance can be put and markets it under the label "yexine." He invests say $1,000,000 for the purpose of providing the necessary publicity and producing a market. The distribution of the substance creates a large new business for the agency of distribution: The expense of advertising responsible for this business is no liability to the distributor because the sale price includes his profits as well as an amount to come

back to the manufacturer to refund the advertising outlay. In the meantime the pharmacist is told, and he accepts the testimony, that the "yexine" is identical with "xambate of xambine" which he can buy from other sources much cheaper, charge his customer the same price, and keep the change which should be returned to manufacturer "X" to pay for the propaganda which produced the business for him. All the while manufacturer "X" holds the umbrella. As though coming to the brilliant conclusion that two cents is too much to pay for a stamp, he accepts the word of his printer that he (the printer) can supply stamps just as good, as far as paper, ink, and artistic design are concerned, for $2.00 per thousand, thus enabling him (the druggist) after paying the printer his $2.00 to keep for himself the $18.00 which the government expects to apply on the outlay necessary to provide for transportation and distribution of the letter bearing the stamps. Very simple, indeed, but the government is looking for people who reason like that and when it finds them it deprives them of liberty, relieves them of cash, and destroys their reputation, sending them to jail, imposing a fine and branding them with disgrace. Nor can manufacturer "X" be expected to be or will he be more lenient when his individual interests are violated.

The third ground of justification involves a much larger and more fundamental consideration than either of the other two: Our social and business relations are built on faith. Anyone violating faith does a serious damage to everybody else in business, himself most of all. It is not enough that one pays his grocery bills, he must pay his tailor bills also. The merchant who uses his credit to the limit—sells what he can and then goes bankrupt allowing his creditors to get what they can is an enemy of all business men; he has not even the respect of his customers no matter how fairly he may have treated them or how much he has contributed to charity. In other words a merchant has obligations no less to those he buys from than to those he sells to, or to speak to the point, the obligations of a pharmacist are not limited to his pharmaceutical obligations to his clients, but are equally binding in his relations with the source of his supplies.

It would be a tragic situation if producers lost faith in the agencies of distribution and ceased in their efforts to create new business. On that day, if it ever comes, when the pharmacist shall open his door and look for faith in the world and find none, he may well call for the rocks and mountains to fall on him for the day of wrath will indeed have come and who shall be able to stand?—*Journal of the American Pharmaceutical Association,* July, 1931.

WOMAN'S AUXILIARY

Our national president-elect, Mrs. Walter Jackson Freeman, of Philadelphia, went to Europe the first of August expecting to return the last of September, but has been detained indefinitely by the illness of her son, who is laid up in Munich with an attack of inflammatory rheumatism. However, Mrs. Freeman is taking care of her department in the Bulletin of the American Medical Association.

Every physician who receives the Journal of the American Medical Association also receives the monthly bulletin which carries national Auxiliary news. If we cannot train our husbands to bring home this bulletin we might subscribe for it ourselves, since it will be sent to any address for 50 cents per year.

Our national president, Mrs. A. B. McGlothlan, attended the annual meeting of the Auxiliary to the Kentucky State Medical Society, Lexington, Ky., September 7-10. She reports many interesting features of that Auxiliary. Here are some of them:

Kentucky has a standard of excellence for her component auxiliaries. Points of excellence are acquired for various attainments, such as the study of the state medical and health laws, the use of the national Auxiliary Study Programs, participation in the Jane Todd Crawford Memorial, review in each Auxiliary of Gossett's "What the Public Should Know About Child Birth."

In Kentucky each month, from four broadcasting stations, a ten-minute health talk is given. Various physicians of the State Medical Association are selected to give these talks.

The Kentucky Auxiliary promoted a contest carried on in ten counties in which a prize was given to the school boy or girl writing the best essay on the value of a County Health Unit.

The value of the County Health Unit is emphasized by the New York State Health Commission reporting on those health needs of that

state requiring legislative action before further progress can be made. The first item of the program is "A state-wide system of county health departments (the County Health Unit) with full time health officers (to be required by law)."

If your Auxiliary is not informed of the nature and value of the County Health Unit, devote a meeting to the use of the Study Program on that subject supplied by the national Auxiliary.

In Tennessee, the state Auxiliary promotes a radio health talk every week, securing the talk from the American Medical Association in Chicago, and arranging with some physician to give the talk.

It is worth knowing that the American Medical Association will supply five-minute radio talks on seventy-two different health topics, and fifteen-minute radio talks on sixty-two different health topics.

The Woman's Auxiliary Department in the Florida State Journal has given its readers recently, in two consecutive months, interesting reports of the Philadelphia convention. One dealt with the convention at work, and the other with the convention at play. Such reports help to create an interest in the Auxiliary as an organization with national significance.

The president of the Texas Auxiliary, Mrs. H. R. Dudgeon, reported in Waco, July 14, that Texas had forty-three organized and working auxiliaries, and more coming. A good organization record to emulate!

In his message to the Woman's Auxiliary to the Colorado State Medical Association, Dr. E. S. Judd, President of the American Medical Association, reminds the women of the opportunities for service to scientific medicine through their membership in lay organizations. He quotes the president of the Maine Medical Association as saying a systematic propaganda was being carried out for the purpose of promoting irregular medical practices. This is done by sending representatives to women's clubs and other organizations to disseminate the information. "If women's auxiliaries," says Dr. Judd, "will assume the responsibility of helping the members of their clubs and also the parent-teacher associations keep informed regarding the proper medical practices they could perform a great service to their communities."

Colorado is one state in which distinct service in medical legislation has been rendered by the Woman's Auxiliary to the State Medical Association.

Are you seeking to add something new to your programs? The Missouri Program chairman suggests What Is New in Medicine? In Surgery? In Anesthesia?

In California the program chairman, Mrs. F. E. Coulter, suggested two estimable eight-months' programs for county Auxiliaries. The first is for Auxiliaries in counties where a County Health Unit exists. The second is for Auxiliaries in counties where no County Health Unit exists.

Since they are not copyrighted we are paying Mrs. Coulter the compliment of passing them on.

Here they are:

I.

September—"Why an Auxiliary"—Speaker if possible a state officer, preferably the president.

October—"Working Principles of Our Own County Health Unit"—The County Health Officer.

November—"Common Defects in Children" or "Contagion and Immunization"—Member, using National Auxiliary material.

December—"Teeth and Their Relation to Health"—School dentist.

January—"What Are We Doing for the Physically Underprivileged Child" — Selected speaker.

February—"Mental Hygiene"—Local psychiatrist or selected speaker.

March—(a) Book Review, "The Human Mind," Menninger—Auxiliary member; (b) "What Our County Is Doing for the Mentally Ill"—Selected speaker.

April—(a) Book Review, "Biography of the Virgin Mind," Dakin—Auxiliary member; (b) "Our State Health Laws"—Selected speaker.

II

September—Same as in I.

October—"Advantages of County Health

Unit"—Member, using National Auxiliary material.

November—"Common Defects in Children"—Member, using National Auxiliary material.

December—"Contagion and Immunization"—Member, County Medical Society.

January—"Local Health Problems"—Round Table.

February—"What Our State Is Doing for the Mentally Ill"—A superintendent of state hospital.

March—Book review, "The Human Mind," Menninger—Auxiliary member.

April—(a) Book review, "Biography of the Virgin Mind," Dakin—Auxiliary member; (b) "Our State Health Laws"—Selected speaker.

The programs of all meetings should include as a "roll call" medical current events, new discoveries, accomplishments, and happenings.

The Woman's Auxiliary Department, Missouri State Medical Journal, September, 1931, contains the following paragraph:

Mrs. A. B. McGlothlan, St. Joseph, was installed as president of the Woman's Auxiliary to the American Medical Association at the meeting in Philadelphia, June 8, 9 and 10. Mrs. McGlothlan has had much and varied experience in organization work. She was the first state secertary of the Missouri Auxiliary and its third president. She has served as state and as national chairman of *Hygeia*. Through her efforts the state won the hundred-dollar prize offered the state Auxiliary obtaining the largest number of subscriptions to *Hygeia*. She is a member of the Missouri Child Health Council and initiated and directed the effort which secured a County Health Unit in her county. She was a member of the White House Conference on Child Health and Protection. Mrs. McGlothlan is interested in civic as well as medical organizations, having served as treasurer and more recently for several years as president of the St. Joseph Y. W. C. A., and is a member of the National Y. W. C. A. Board. She has taken an active part in Community Chest work and in cultural club and church activities. The Missouri Auxiliary is confident of a successful year for the National Auxiliary under the leadership of Mrs. McGlothlan.

MISCELLANEOUS

Free List of Medical Motion Pictures

The extent to which motion pictures are already serving the medical profession, as well as lay audiences interested in the study of physiology and health and hygiene subjects, is revealed by an interesting survey, entitled "Medical Films and Their Sources," prepared for free distribution by Wm. F. Kruse, of the Educational Department of the Bell & Howell Company.

Over 450 titles, comprising 538 reels of 16-mm. safety film are listed and described. Definite information is also given as to where the films may be obtained, with the rental or purchase price asked by their owners or distributors. Separate classifications list medical-surgical films intended for professional use exclusively, health and hygiene films for lay audiences, and similar films obtainable from university extension divisions and intended primarily for school use. A special supplement lists dental and oral hygiene films.

Copies of this survey may be obtained, without charge, by any medical, surgical, dental, or similar school or society; by hospitals and public health authorities; by any active practitioner; or by educators or school administrators interested in the use of motion pictures in the field of health and hygiene. Applications should be made direct to Educational Department, Bell & Howell Company, 1801 Larchmont Ave., Chicago.

Material From Liver Active in Pernicious Anemia

RANDOLPH WEST and MARION HOWE, New York (*Journal A. M. A.*, Sept. 5, 1931), call attention to the fact that the chemical evidence at present available suggests that material from liver active in pernicious anemia consists of one or more pyrrole precursors, which may be utilized by the body in the formation of hemoglobin and possibly other cellular respiratory pigments. It must, however, be emphasized that, although clinical activity has been present after two and three recrystallizations of these quinine salts, the possibility of the presence of highly potent absorbed material can be wholly excluded only when these products have been synthesized. This conception of the function of liver feeding in Addison's anemia raises several points of both theoretical and practical interest. There is a

great loss of active material entailed in chemical purification by present methods. Maximal clinical responses of the purest preparations have necessitated the intravenous use of material derived from approximately 40 Kg. of liver, while Castle and Taylor have obtained similar responses with a less refined intravenous preparation derived from 100 Gm. of liver, an amount wholly inadequate when given by mouth. This observation implies either poor gastro-intestinal absorption or considerable destruction in the intestine, probably by bacteria. It is of interest that the pyrrolidone ring which is present in the substances that have been isolated to date, is readily destroyed by bacterial action, while the rings of the other cycle amino acids are relatively resistant. The blood picture simulating that of Addison's anemia found in partial intestinal obstruction and in infestation of the intestine with *Bothriocephalus latus* may well depend on destruction of the active material by bacteria or parasites.

Treatment of Nephritic Edema by Acid

F. H. Lashmet, Ann Arbor, Mich. (*Journal A. M. A.*, Sept. 26, 1931), calls attention to the fact that it has been known for a long time that in the clinical state of edema there is an excess of water and of chlorides in the body. In the case of nephritic edema it has been assumed that the damaged kidneys were unable to excrete these substances and that this was the cause of the retention. Accordingly, it has been customary to restrict sharply the water and sodium chloride intake in the treatment of this type of edema. But, *a priori,* the retention of body water and chlorides may be as easily explained by assuming that the body tissues hold them and that they were never presented to the kidneys for excretion. Obviously, it is important to determine which of these hypotheses is correct, since the treatment based on them is entirely different for each. Experiments were undertaken to determine whether nephritic edema is actually influenced by (*a*) fluid intake, (*b*) chloride intake, (*c*) total ash intake or (*d*) reaction of the ash. The patients tested had chronic nephritis with edema. The degree of edema was recorded in terms of body weight. Examples of the results obtained are demonstrated by charts. On the basis of his observations the author concludes that edema is not due to the falure of the kidneys to excrete water and is independent of the fluid intake. Edema is not due to the failure of the kidneys to excrete chlorides. Chloride as sodium chloride increases edema, but as hydrochloric acid or ammonium chloride decreases edema. Apparently, the reaction of the compound is more important than the chloride content as such. The reaction of the total ash intake is more important in influencing edema than the total amount of ash. Alkaline ash intake increases edema and acid ash intake decreases edema. In the treatment of nephritic edema, the author has used, during the past two years, a low protein, "salt poor" diet, with a neutral ash, to which are added acids or acid producing salts. The fluid intake has been "forced" rather than restricted. The clinical results have been very satisfactory.

Nitrites in Spasmodic Conditions of Gastro-Intestinal Tract

Argyl J. Beams, Cleveland (*Journal A. M. A.*, Sept. 26, 1931), states that in his studies on spasmodic conditions of the gastro-intestinal tract nitrites have proved a valuable diagnostic measure in differentiating spasm from organic lesions. In fluoroscopic studies the nitrite was somewhat disappointing in its action on cardiospasm and pyloric spasm but proved quite effective in gastric spasm and spasm of the colon. Another important diagnostic aid of nitrites in roentgen examination is that, in producing relaxation of the stomach or intestine not involved by an organic lesion, it accentuates the deformity caused by the organic lesion. In this manner it may visualize a deformity that has been overlooked. From the few observations made in this study it appears that the effect of nitrites on abdominal pain may prove a valuable aid in diagnosis. The pain presumably caused by muscle spasm, as in the cases of intestinal colic from dysentery, of lead colic and of spastic colitis, was relieved by nitrites, whereas the pain due to some inflammatory process with possible peritoneal irritation was not relieved. More observations must be made before any definite conclusions can be drawn, but from these studies and from the observations of others it appears that any pain in the gastro-intestinal tract that is relieved by nitrites is caused by muscle spasm. In the treatment of spasmodic conditions of the gastro-intestinal tract, sodium nitrite did not prove very satisfac-

tory in the upper alimentary tract, but the results were quite gratifying in spasm of the colon. The symptoms were relieved quite promptly, whereas other therapeutic measures had failed. Belladonna was much more effectual than sodium nitrite in the treatment of cardiospasm and pyloric spasm. From the response obtained with atropine in the fluoroscopic studies, one would not have expected any better results with atropine than with nitrites. The relief of pyloric spasm with belladonna in some of the patients who showed considerable obstruction was quite striking. From the standpoint of diagnosis in roentgen examinations, nitrites are more effectual than atropine as an antispasmodic. Only in cardiospasm and pyloric spasm did atropine equal nitrites, and neither was very effectual in these conditions. Nitrites are preferable to atropine because they are much easier to administer, the action is more prompt, repeated examinations are unnecessary, and there is less discomfort to the patient.

Endemic Typhus Fever: Rat Flea as Possible Vector

Guinea-pigs inoculated by HARDY A. KEMP, Dallas, Texas (*Journal A. M. A.*, Sept. 12, 1931), with fleas removed from rats that had been trapped at a typhus focus developed lesions characteristic for endemic typhus fever. Animals recovered from an attack produced by this virus were found to be immune to a strain of typhus virus established from the blood of a human patient with endemic typhus. Animals that were immune to blood virus were immune to the strain of rat flea virus established by guinea-pig inoculation.

Argyria Following Excessive Use of Silver Arsphenamine

S. WILLIAM BECKER and EARL B. RITCHIE, Chicago (*Journal A. M. A.*, Aug. 8, 1931), report two cases of argyria following overtreatment by silver arsphenamine. The clinical diagnosis was substantiated by histologic examination, including histochemical studies. Attention is called to the fact that the administration of 15 Gm. or more of silver arsphenamine is apt to be followed by argyria.

Surgical Treatment of Chronic Arthritis

HENRY W. MEYERDING, Rochester, Minn. (*Journal A. M. A.*, Sept. 12, 1931), believes that the deformities associated with chronic infectious arthritis may, in many cases, be relieved by operation. The function of some deformed and even ankylosed joints has been restored. The better results are achieved in the joints that do not bear weight, and of these the results in the elbow are by far the best. Sympathetic ganglionectomy and trunk resection, combined with orthopedic measures, should give improved results in a small group of selected cases. The totally disabled and supposedly permanent cripple, wholly dependent on others, has been restored to partial usefulness and independence.

BOOK REVIEWS

The Practice of Medicine. By A. A. Stevens, M. D., Professor of Applied Therapeutics, University of Pennsylvania. Third edition. Pp. 1150. Illustrated. Cloth. Price, $8.00. Philadelphia: W. B. Saunders Company, 1930.

This third edition of Stevens' popular textbook is the successor to six previous printings since 1922. The aim of the author to omit nothing of importance seems to have been attained. This work includes fifteen new subjects and a complete revision of thirty-eight others, bringing the book into consonance with the latest researches. The style is clear, verbosity is absent, and highly theoretical or controversial subjects are omitted. Special attention is given to treatment. We find the volume exceptionally readable and accurate; it merits a wide circulation.

Medical Jurisprudence. By Carl Scheffel, M. D., LL. B. Pp. 313. Cloth. Price, $2.50. Philadelphia: P. Blakiston's Son & Company, 1931.

Instead of presenting the subject from the viewpoint of medical matters affecting legal problems, the author goes into reverse and shows how legal factors affect the medical man. The law of contracts, agency, torts, evidence, property, and criminal responsibility is presented in admirable form. Every page presents either new facts or else old ones in clear and understandable language. It does not aim to be exhaustive, but there is crowded into a small compass much information that every physician would do well to possess.

The Statute Law of Coroners and Medical Examiners. By George H. Weinmann, LL. B. Pp. 240. Paper. Price, $3.00. Washington: National Research Council (Bulletin 83), 1931.

This is a compendium of the laws of each state governing the subject matter, and covers the selection, qualification, tenure, power, duties, compensation, and fees of coroners. It is a valuable reference work, and takes its place alongside of Bulletin 73, which gives the laws governing dead human bodies.

Simple Lessons in Human Anatomy. By C. H. Harvey, M. D., Professor of Anatomy, University of Chicago. Pp. 434, with 234 illustrations. Cloth. Price, $2.00. Chicago: American Medical Association, 1931.

This is anatomy for the layman, and is the first authoritative volume of this character that we have seen. The book represents a revision of the articles that appeared in *Hygeia*. The text is clearly and entertainingly presented, and the illustrations, while taken chiefly from professional textbooks, are readily understandable by the layman. The index is complete, and includes the terminology generally used by the layman. This is an excellent book for the non-professional reader, and includes a great mass of physiology also, which is, after all, the only way to make anatomy clear to the layman, since the lay mind cannot dissociate structure from function. This is *the* book for the layman who wants to know how his body is built, and how it works.

Tables of Food Values. By Alice V. Bradley, B. S., Instructor in Nutrition, State Teachers' College, Santa Barbara, Calif. Pp. 128. Price, $2.00. Peoria: Manual Arts Press, 1931.

This series of tables is based on average servings, and they are, therefore, approximate rather than exact, but are infinitely more valuable to the dietitian, physician, or layman who must make an approximation quickly. This is the only series of tables that gives all the data needed for calculating the nutritive value of a given food in one table. Various recipes accompany each table, a most valuable feature. In its sphere, the book can be recommended highly, and should attain considerable popularity.

Simplified Diabetic Management. By Joseph T. Beardwood, Jr., M. D., Chief of Diabetic Clinic, Presbyterian Hospital, Philadelphia, and Herbert T. Kelly, M. D., Associate in Diabetic Clinic, Presbyterian Hospital, Philadelphia. Pp. 191, with 7 illustrations. Cloth. Price, $1.50. Philadelphia: J. B. Lippincott Company, 1931.

This little book features the Diet Prescription Chart of the authors, an evolution of the "lineration scheme" of Lawrence. This chart does simplify the management considerably. The book, in addition, tells the diabetic patient all he ought to know, and in a way that he ought to comprehend. We consider it the best of the diabetic manuals that we have seen.

The Child From One to Six. Publication No. 30, U. S. Department of Labor, Children's Bureau. Pp. 150. Illustrated. Paper. Price, ten cents. Washington: Government Printing Office, 1931.

This revision of a former publication by the Children's Bureau was supervised by the Bureau's Advisory Committee of Pediatricians. It is a summary of the care and training of the preschool child, designed for popular consumption. It is a very practicable and creditable work.

Gonorrhea in the Male and Female. By Percy S. Pelouze, M. D., Associate in Urology, University of Pennsylvania. Second Edition. Pp. 440, with 92 illustrations. Cloth. Price, $5.50 net. Philadelphia: W. B. Saunders Company, 1931.

The keynote of Dr. Pelouze's second edition of Gonorrhea in the Male and Female is gentleness in treatment. While the book is intended to show the great desirability of gentle handling in gonorrhea, Dr. Pelouze also makes an appeal for a more widespread interest in this unhappy disease. His views on gonorrhea in the female should be read by all who treat women. The chapter on gonorrheal ophthalmia strikes a new note, which ophthalmologists should take note of.

Undoubtedly this book is the outstanding one on gonorrhea, both from a scientific and commonsense standpoint. This book should be read by all who treat gonorrhea.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912

Of the Delaware State Medical Journal, Published Monthly at Wilmington, Delaware, for October 1st, 1931

STATE OF DELAWARE } ss.
COUNTY OF NEW CASTLE }

Before me, a Notary Public in and for the State and county aforesaid, personally appeared M. A. Tarumianz, M. D., who having been duly sworn according to law, deposes and says that he is the Business Manager and Associate Editor of the Delaware State Medical Journal, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Name of— *Post office address*—

Publisher, Medical Society of Delaware, Wilmington, Delaware.
Editor, W. Edwin Bird, M. D., duPont Bldg., Wilmington, Del.
Associate Managing Editors, M. A. Tarumianz, M. D., Farnhurst, Del., and Dr. W. O. LaMotte, M. D., Medical Arts Bldg., Wilmington, Del.
Business Manager, M. A. Tarumianz, M. D., Farnhurst, Delaware.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.)

The Medical Society of Delaware.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds. mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is ..... (This information is required from daily publications only.)

M. A. TARUMIANZ, M. D.

Sworn to and subscribed before me this 8th day of October, 1931.
[SEAL.] WILLIAM BLACK.
Notary Public.

(My commission expires July 26, 1934.)

In Memoriam

Henry R. Spruance

Dr. Henry R. Spruance, 65, 1100 Broom Street, died in the Jefferson Hospital, Philadelphia, on August 14, 1931.

Known as one of the most outstanding physicians in Wilmington, and member of an old Delaware family, Dr. Spruance had not been in good health since Christmas.

Dr. Spruance was born in Smyrna on January 2, 1866, and was a son of Henry Clay and Hannah (Woodall) Spruance, and a grandson of Enoch and Anne Wakemans Spruance. His father was a merchant and a veteran of the Civil War, serving in the Sixth Delaware Regiment. His mother, who died on December 12, 1914, was a member of an old family, some of her ancestors having served in the Revolutionary War.

He was a member of the American Medical Association, the Medical Society of Delaware, and the New Castle County Medical Society.

He was also a member of various Masonic bodies in this city and was prominent in that order and a member of the Sons of the American Revolution. He was a delegate from the Delaware Society to the National Convention held at Richmond.

After practicing medicine in Wilmington for more than 33 years, Dr. Spruance retired a few years ago, and spent his entire time traveling with Mrs. Spruance. He began the practice of medicine after his graduation from the Jefferson Medical College, in 1892.

Dr. Spruance is survived by his wife, Mrs. Natalie Simpson Spruance, whom he married in 1906. She is the daughter of Francis E. and Emeline Coxey Simpson. The only child born to Dr. and Mrs. Spruance died in infancy. He is also survived by two sisters.

The funeral services were held at the Broom Street residence, and interment made in the Wilmington and Brandywine Cemetery.

J. Asa Adair

Dr. J. Asa Adair, 36, prominent physician and member of the Homeopathic Hospital medical staff, died on August 21, 1931, at that institution following an illness of about three years, of complications.

For about a year his condition had been serious. He had been under treatment at a sanitarium for eight months previous to being taken to the hospital, where he was admitted June 10, following his last attack. Since then his condition gradually weakened.

Dr. Adair was actively connected with two of the outstanding medical societies in the state, having belonged to the Homeopathic Medical Society of Delaware, and the New Castle County Medical Society.

He was born at Edge Moor, the son of Mr. and Mrs. Asa Adair, Sr., and had spent practically all his life in this section. His father was an official of the Edge Moor Bridge Works.

He was graduated from the Wilmington High School in 1915 and then entered Hahnemann Medical College, Philadelphia. At the high school he was actively interested in athletics, especially track and football.

While he was still attending college, Dr. Adair was connected with the Medical Department of the U. S. Navy, Philadelphia, during the World War. In 1919, following his graduation, he returned to this city to take up his practice.

His survivors include his wife, the former Grace Mason, of Salem, N. J.; a son, J. Asa Adair, Jr., and two brothers, Dr. Julian Adair, also a well-known physician here, and Craig Adair, who is engaged in the brokerage business in Philadelphia.